

AMENDMENTS TO THE CLAIMS

The listing of claims will replace all prior versions and listings of claims in the application:

1. (Currently Amended) A method of treating functional somatic syndromes comprising the steps of:

identifying a patient as having a functional somatic syndrome; and
treating such a patient with an airway stabilization technique;
wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with positive airway pressure therapy.

2-3. (Withdrawn)

4. (Cancelled)

5. (Previously Presented) The method as claimed in claim 4, wherein the positive airway pressure therapy is selected from the group consisting of: continuous positive airway pressure, bi-level positive airway pressure, and auto-titrating positive airway pressure.

6. (Currently Amended) The method as claimed in claim 1, wherein identifying a patient as having a functional somatic syndrome includes identifying a symptom of the functional somatic syndrome, wherein the symptom is selected from the group consisting of: chronic fatigue, irritable bowel, migraine headaches, tension headaches, temporomandibular joint pain, premenstrual pain, sleep-onset insomnia, sleep maintenance insomnia, unrefreshing sleep, EEG evidence of sleep fragmentation, bruxism, muscle pain, muscle tenderness, heartburn, abdominal pain, abdominal urgency, diarrhea, depression, orthostatic syncope, alpha-delta sleep.

7. (Previously Presented) The method as claimed in claim 1, further comprising the step of monitoring such a patient for an inspiratory airflow limitation.

8. (Previously Presented) The method as claimed in claim 7, further comprising the step of categorizing a patient who has an inspiratory airflow during sleep of approximately fifty-one to one-hundred percent of waking levels as an upper airway resistance syndrome (UARS) patient.

9. (Previously Presented) The method as claimed in claim 7, further comprising the step of categorizing a patient who has an inspiratory airflow during sleep of approximately zero to fifty percent of waking levels as an obstructive sleep apnea/hypopnea (OSA/H) patient.

10. (Previously Presented) The method as claimed in claim 1, further comprising observing alpha-delta sleep of such a patient to diagnose the functional somatic syndrome.

11. (Previously Presented) The method as claimed in claim 1, wherein the functional somatic syndrome is selected from the group consisting of: chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, migraine headaches, tension headaches, temporomandibular joint syndrome, Gulf War syndrome, premenstrual syndrome, sleep-onset insomnia, sleep maintenance insomnia, multiple chemical sensitivity, sick building syndrome, repetition stress injury, side effects of silicone breast implants, chronic whiplash, and restless leg/periodic limb movement syndrome.

12. (Currently Amended) A method of treating functional somatic syndromes comprising the steps of:

identifying a patient as having one or more symptom of a functional somatic syndrome; and

treating such a patient with an airway stabilization technique;

wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with positive airway pressure therapy.

13-14. (Withdrawn)

15. (Previously Presented) The method as claimed in claim 12, wherein treating such a patient with an airway stabilization technique comprises stabilizing the airway with positive airway pressure therapy.

16. (Previously Presented) The method as claimed in claim 15, wherein the positive airway pressure therapy is selected from the group consisting of: continuous positive airway pressure, bi-level positive airway pressure, and auto-titrating positive airway pressure.

17. (Currently Amended) The method as claimed in ~~claim 1~~ claim 12, wherein the symptom of the functional somatic syndrome is selected from the group consisting of: chronic fatigue, irritable bowel, a migraine headache, a tension headache, ~~temporomandibular joint pain~~, premenstrual pain, sleep-onset insomnia, sleep maintenance insomnia, unrefreshing sleep, EEG evidence of sleep fragmentation, ~~bruxism~~, muscle pain, muscle tenderness, heartburn, abdominal pain, abdominal urgency, diarrhea, headaches, depression, orthostatic syncope, alpha-delta sleep.

18. (Previously Presented) The method as claimed in claim 12, further comprising the step of monitoring such a patient for an inspiratory airflow limitation during sleep.

19. (Previously Presented) The method as claimed in claim 18, further comprising the step of categorizing a patient who has an inspiratory airflow of approximately fifty-one to one-hundred percent of waking levels as an upper airway resistance syndrome (UARS) patient.

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20. (Previously Presented) The method as claimed in claim 18, further comprising the step of categorizing a patient who has an inspiratory airflow limitation of approximately zero to fifty percent of waking levels as an obstructive sleep apnea/hypopnea (OSA/H) patient.

21-28. (Withdrawn)